

**WEST HARTFORD-BLOOMFIELD HEALTH DISTRICT**  
**580 Cottage Grove Road, Suite 100, Bloomfield, CT 06002**  
**PHONE (860) 561-7900 FAX (860) 561-7918**

**2018 APPLICATION FOR FOOD LICENSE**

*Expires Annually on December 31<sup>st</sup>*

**\*\*\*ALL SECTIONS MUST BE FILLED IN\*\*\***

**FOR OFFICE USE ONLY**

Class: \_\_\_\_\_

Fee Paid: \$ \_\_\_\_\_

Check #: \_\_\_\_\_

Rcpt #: \_\_\_\_\_

Establishment Name \_\_\_\_\_ Bus. Phone # \_\_\_\_\_

Establishment Address \_\_\_\_\_ FAX # \_\_\_\_\_

Mailing/Billing Address \_\_\_\_\_  
(IF DIFFERENT FROM ABOVE)

Seating Capacity \_\_\_\_\_ Hours of Operation \_\_\_\_\_

Owner's Name(s) \_\_\_\_\_

Officers' Names (*if incorporated*) \_\_\_\_\_

Owner's Address \_\_\_\_\_

Owner's Home Phone # \_\_\_\_\_ Owner's E-Mail \_\_\_\_\_

Name of Certified Food Protection Manager: \_\_\_\_\_

(REQUIRED for Class 2, 3 and 4 Establishments) — **PLEASE ATTACH A COPY OF CURRENT CERTIFICATE**  
**\*Expired certificates are no longer acceptable\***

**AFTER HOURS EMERGENCY CONTACT INFORMATION**

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Specialized Cook Processes: (Please check all processes used in food establishment)**

- |   |   |
|---|---|
| <input type="checkbox"/> Reduced Oxygen Packaging/Sous Vide | <input type="checkbox"/> Live Molluscan Shellfish Tanks |
| <input type="checkbox"/> Acidification of Sushi Rice        | <input type="checkbox"/> Use of Food Additives          |
| <input type="checkbox"/> Smoking                            | <input type="checkbox"/> Sprouted Seeds                 |
| <input type="checkbox"/> Curing                             | <input type="checkbox"/> Custom Processing of Animals   |
| <input type="checkbox"/> Processing and Packaging Juice     | <input type="checkbox"/> Other: _____                   |

**THE UNDERSIGNED AGREES TO COMPLY WITH ALL OF THE REGULATIONS AND ORDINANCES ENFORCED BY THE WHBHD. THE WHBHD MUST BE NOTIFIED IF THERE ARE CHANGES IN THE MENU, FACILITY, FOOD PROTECTION MANAGER, EQUIPMENT OR ANY OF THE ABOVE LISTED INFORMATION.**

\_\_\_\_\_  
**Applicant (Please Print)**

\_\_\_\_\_  
**Applicant's Signature**